

**L23000094574**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : SIMON & SIGALOS, LLP  
Account Number : I19990000176  
Phone : (561)447-0017  
Fax Number : (561)447-0018

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MSIMON@SIMONSIGALOS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BABY GOT BRUNCH LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 04      |
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S. ROSENTHAL

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

BABY GOT BRUNCH LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 22, 2023 and assigned  
 Florida document number L23000094574.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6175 Hickory Flat HWY, Suite 110-396

Cantor, GA 30115

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Michael W. Simon

New Registered Office Address:

3839 NW Boca Raton Blvd. #100

*Enter Florida street address*

Boca Raton

Florida 33431

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FEL/EIN Number is 92-3313067

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 27, 2023

Signature of \_\_\_\_\_

Marcus Stroud

Typed or printed name of signee

Filing Fee: \$25.00  
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